

AmazinGrape

Premium Muscadine Grape Seed and Skin Supplement

P. O. BOX 97 • MAYODAN, NC 27027 • Toll Free 877-987-7232

APPLICATION

FAX 877-987-7231



Enroller's Name _____ ID No. _____ Date _____

Yes, Please rush my order for *AmazinGrape* Pure Muscadine Grape SS Capsules (60 Count).....\$33

(Muscadine Grape Seeds and Skins in a vegetable capsule. 650 mg. Each)

Quantity (Units) ...1...

Local Tax.....

(Include tax at your local rate for total retail purchase, Shipping is FREE!)

Local Tax Rate%

County Zip

Total

Yes, Please Enroll me FREE as a Distributor for *AmazinGrape*! No Fee, No Kit, No Hype, No Junk!

My FREE Replicated Website URL will be: www.AmazinGrape.com/.....

Subject to Availability

FREE Unqualified Distributors (No Autoship or commission) may purchase at wholesale (\$26.50 per unit & retail tax & \$2 S&H)

Sold To:

Ship To:

Same as Sold To

Applicant's Name _____

Name _____

First, MI, Last Name or Company

Address _____

Address _____

City _____ ST _____ Zip _____

City _____ ST _____ Zip _____

Phone/Voice (_____) _____ - _____

Phone (_____) _____ - _____

Applicant is: (check one box only) Ind. Company Corporation **Already Rec'd Product from Enroller**

SSN or Federal Tax ID

E-mail Address (Please Print Plainly)

Authorize AutoShip (__ unit(s) Monthly) Yes No Applicant's Signature _____

A PARTICIPANT IN THIS NETWORK MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, FOR ANY REASON. Cancellation may be submitted in writing or by email to the company at its principal business address, AmazinGrape, 128 Okeewemee-Star Road, PO Box 98, Star, NC 27356 USA , Email: Service@AmazinGrape.com

There are Two Ways to receive your two (2) FREE Global Cash Cards with your first order

- Pay for your first order & 2 months Autoship (\$99 & tax) with your first order (3 units shipped) or
- Enroll four (4) New Autoship Distributors and send their applications with your first order (Enroll Online, too!)

Method of Payment Information (First Order and Future Secondary Source of Payment)

Visa MasterCard American Express Discover Global Cash Card Money Order Personal or eCheck

Card No: _____ / _____ / _____ / _____ Exp. Date: _____ / _____ on back _____

3 digit Code

Print Name on Card: _____ Signature: _____

Card's Billing Street Address: _____ City _____ ST _____ Zip _____

eCheck: Routing No. _____ Account No. _____

Note: The Information above MUST match the billing records of the Credit/Debit Card Company. A \$30 service fee for returned checks

Additional Required Application Information for Global Cash Card (Future Primary Source of Payment)

Name for Primary Card _____ Name for Secondary Card _____

Government Identification _____ Issuing Authority (State, Country) _____

(US or State Drivers License) (US State ID) (Passport Number) (US Tax ID) (Non-US Tax ID)

Date of Birth _____ Mother's Maiden Name _____

Employer _____ Alternate Phone (_____) _____ - _____